



PREFERRED DRUG LIST

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TABLE OF CONTENTS

Inhalation Agents	Page 1 - 2
Intranasal Agents	Page 2
Ophthalmic Agents	Page 2 - 3
Otic Agents	Page 3
Oral/Injectable/Topical Agents	Page 3 - 18
Index (Arranged by Brand Name)	Page 19 - 34

INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler® (tiotropium)	Atrovent® HFA (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta2-Agonists - Long-Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta₂-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	Maxair® (pirbuterol)
ProAir HFA® (albuterol)	ProAir RespiClick® (albuterol)
Proventil® HFA (albuterol)	Ventolin HFA® (albuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)

Beta₂-Agonists - Long-Acting/Anticholinergics

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol)	Utibron™ Neohaler® (indacaterol/glycopyrrrolate)
Bevespi Aerosphere™ (glycopyrrrolate/formoterol)	
Stiolto® Respimat® (tiotropium/olodaterol)	

Beta₂-Agonists - Long-Acting/Corticosteroids

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo™ Respclick® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)	Advair® HFA (fluticasone/salmeterol)
Symbicort® (budesonide/formoterol)	Breo Ellipta® (fluticasone/vilanterol)



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Inhalation Agents (continued)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Alvesco® (ciclesonide)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) *> 7 years of age
Pulmicort Respules® (budesonide) *≤ 6 years of age only	
QVAR® (beclomethasone)	

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin)	Tobi® (tobramycin)
Kitabis pak® (tobramycin nebulizer)	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine)	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone) Qnasl® (beclomethasone)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) Nasonex® (mometasone) Omnaris® (ciclesonide) Rhinocort AQ® (budesonide) Veramyst® (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (Iodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elastat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine) Optivar® (azelastine) Pataday® (olopatadine)



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OPHTHALMIC AGENTS (continued)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)
Simbrinza® (brinzolamide/brimonidine tartrate)	

Non-Steroidal Anti-Inflammatory Drugs - Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acular® (ketorolac)	Acular LS® (ketorolac)
Ilevro® (nepafenac)	Acuvail® (ketorolac)
Nevanac® (nepafenac)	Bromday® (bromfenac)
Ocufen® (flurbiprofen)	BromSite® (bromfenac)
Voltaren® Ophthalmic (diclofenac)	Prolensa® (bromfenac)

Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Zioptan® (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone)	Acetasol HC® (acetic acid/hydrocortisone)
Ciprodex® (ciprofloxacin/dexameth)	Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	Cortisporin-TC® (neomy/colist/hc/thonz) Otovel® (ciprofloxacin/fluocinolone)

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Accupril® (quinapril)	Aceon® (perindopril)
Altace® (ramipril)	Capoten® (captopril)
Lotensin® (benazepril)	Epaned® (enalapril solution)
Monopril® (fosinopril)	Mavik® (trandolapril)
Prinivil® (lisinopril)	Qbrelis® (lisinopril solution)
Zestril® (lisinopril)	Univasc® (moexipril)
	Vasotec® (enalapril)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Tarka® (trandolapril/verapamil)

Acne Agents - Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) gel Atralin® (tretinoin) gel Azelex® (azelaic acid) cream Cleocin-T® (clindamycin) solution Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel Ery® (erythromycin) pads Erythromycin solution Retin-A® (tretinoin) cream Sumadan® Wash (sulfacetamide-sulfur cleanser) Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Avar® (sulfacetamide-sulfur) pads Avar-E® Emollient (sulfacetamide-sulfur) cream Avar-E Green® (sulfacetamide-sulfur) cream Avar LS® (sulfacetamide-sulfur) pads Avita® (tretinoin) cream Benzaclin® (benzoyl peroxide-clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel BP 10-1® (sulfacetamide/sulfur cleanser) Cerisa® (sulfacetamide-sulfur) emulsion Cleocin-T® (clindamycin) gel Cleocin-T® (clindamycin) lotion Clindacin® ETZ (clindamycin) swab Clindacin-P® (clindamycin) swab Clindagel® (clindamycin) gel Differin® (adapalene) cream Differin® (adapalene) gel Epiduo® Forte (adapalene/benzoyl peroxide) Erygel® (erythromycin) gel Evoclin® (clindamycin phosphate) foam Fabior® (tazarotene) foam Klaron® (sulfacetamide) lotion Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Retin-A® Micro (tretinoin) gel Rosanil® Cleanser (sulfacetamide-sulfur) emulsion Rosula® (sulfacetamide-sulfur) pads SSS 10-5® (sulfacetamide-sulfur) cream Sulfacetamide suspension Sulfacetamide-Sulfur lotion Sumadan® (sulfacetamide-sulfur) kit Sumaxin® (sulfacetamide-sulfur) pads Sumaxin® TS (sulfacetamide-sulfur) suspension Sumaxin® Wash (sulfacetamide-sulfur) liquid Veltin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)



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ADHD – Amphetamine Type

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)	Desoxyn® (methamphetamine)
Dexedrine® tablets (dextroamphetamine)	Dyanavel® XR (amphetamine ER)
Dexedrine® ER capsules (dextroamphetamine ER)	Procentra® (dextroamphetamine)
Dextrostat® (dextroamphetamine)	Zenzedi® (dextroamphetamine)
Vyvanse® (lisdexamfetamine)	

ADHD – Methylphenidate Type

Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Aptensio XR® (methylphenidate ER)
Daytrana® (methylphenidate)	Methylin Chewable® (methylphenidate)
Focalin® (dexmethylphenidate)	Methylin Solution® (methylphenidate)
Focalin® XR (dexmethylphenidate ER)	Metadate® ER (methylphenidate ER)
Metadate CD® (methylphenidate 30/70)	Ritalin LA® (methylphenidate 50/50)
Quillichew ER™ (methylphenidate ER)	Ritalin SR® (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	

Adjunct Anti-epileptics

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam)	Banzel® (rufinamide)
Keppra XR® (levetiracetam XR)	Briviact® (brivaracetam)
Lyrica® (pregabalin)	Fycompa® (perampanel)
Neurontin® (gabapentin)	Gabitril® (tiagabine)
Zonegran® (zonisamide)	Onfi® (clobazam)
	Oxtellar® XR (oxcarbazepine)
	Potiga® (ezogabine)
	Spritam® (levetiracetam)

Alpha glucosidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Epipen® (epinephrine auto inject)	Adrenaclick® (epinephrine auto inject)
Epipen Jr® (epinephrine auto inject)	Epinephrine auto injectors

Anticoagulants

Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin)	Savaysa® (edoxaban)
Eliquis® (apixaban)	
Pradaxa® (dabigatran)	
Xarelto® (rivaroxaban)	



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Anti-Constipation Agents – Opioid Induced Cause

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Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tablets and injection)
Movantik® (naloxegol)	Symproic® (naldemedine)

Antidepressants - SNRIs

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine)	Effexor® XR tablets (venlafaxine ER)
Effexor® (venlafaxine)	Fetzima® (levomilnacipran)
Effexor® XR capsules (venlafaxine ER)	Savella® (milnacipran)
Pristiq® (desvenlafaxine)	

Antidepressants - SSRIs

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram)	Celexa® solution (citalopram)
Lexapro® (escitalopram)	Lexapro® solution (escitalopram)
Luvox® (fluvoxamine)	Paxil CR® (paroxetine ER)
Paxil® (paroxetine)	Paxil® solution (paroxetine)
Prozac® capsules (fluoxetine)	Pexeva® (paroxetine)
Prozac® solution (fluoxetine)	Prozac® tablets (fluoxetine)
Zoloft® (sertraline)	Zoloft® solution (sertraline)

Antidepressants - Tricyclics

Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution	Amoxapine
Elavil® (amitriptyline)	Anafranil® (clomipramine)
Pamelor® (nortriptyline)	Norpramin® (desipramine)
Tofranil® (imipramine)	Pamelor® solution (nortriptyline)
	Surmontil® (trimipramine)
	Tofranil - PM® (imipramine)
	Vivactil® (protriptyline)

Anti-emetics Cannabinoid

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron) Zofran ODT® (ondansetron)	Anzemet® (dolasetron) Granolis® (granisetron) Kytril® (granisetron) Sancuso® (granisetron) Zuplenz® (ondansetron)



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Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine)	Allegra® (fexofenadine)
Claritin 24-hr Allergy® (loratadine)	Allegra® ODT (fexofenadine)
Claritin® Syrup (loratadine)	Clarinex® (desloratadine)
Zyrtec® (cetirizine)	Claritin Hives Relief® (loratadine)
Zyrtec® Syrup (cetirizine)	Claritin RediTabs® (loratadine)
	Xyzal® (levocetirizine)
	The following drugs are covered for KBH only:
	Allegra-D® (fexofenadine/pseudoephedrine)
	Allegra-D24® (fexofenadine/pseudoephedrine)
	Clarinex-D 12-hour® (desloratadine/pseudoephedrine)
	Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral - Herpes

Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir)	Famvir® (famciclovir)
Zovirax® (acyclovir) (oral dosage forms only)	Sitavig® (acyclovir)

ARBs

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbyclor® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Teveten® (eprosartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	

ARB/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	



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Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol)
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Byvalson® (nebivolol/valsartan)
Inderal® (propranolol)	Coreg CR® (carvedilol CR)
Lopressor® (metoprolol tartrate)	Corgard® (nadolol)
Sectral® (acebutolol)	Corzide® (nadolol/bendroflumethiazide)
Tenormin® (atenolol)	Dutoprol® (metoprolol/HCTZ)
Ziac® (bisoprolol/HCTZ)	Inderal® LA (propranolol XL)
	InnoPran® XL (propranolol XL)
	Kerlone® (betaxolol)
	Labetalol (labetalol)
	Levatol® (penbutolol)
	Lopressor HCT® (metoprolol/HCTZ)
	Toprol-XL® (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

Biguanides

Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin)	Fortamet® (metformin ER)
Glucophage® XR (metformin ER)	Glumetza® (metformin ER)
	Riomet® (metformin oral solution)

Bile Acid Sequestrants

Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol)	Colestid® Granules (colestipol)
Prevalite® Powder (cholestyramine light)	Questran® (cholestyramine)
Prevalite® Powder Packs (cholestyramine light)	Questran Light® (cholestyramine light)
Welchol® Powder (colesevelam)	
Welchol® Tablets (colesevelam)	

Bisphosphonates

Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax Plus D® (alendronate/cholecalciferol)



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Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin) Ditropan XL® (oxybutynin ER) Toviaz® (fesoterodine) Vesicare® (solifenacina)	Detrol® (tolterodine) Detrol® LA (tolterodine ER) Enablex® (darifenacin) Gelnique® Gel (oxybutynin) Myrbetriq®(mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) Sanctura® XR (trospium ER) Urispas® (flavoxate)
Calcium Channel Blockers - Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Norvasc® (amlodipine) Plendil® (felodipine) Procardia® XL (nifedipine ER)	Adalat® (nifedipine IR) Adalat CC® (nifedipine ER) Cardene® (nicardipine IR) Cardene® SR (nicardipine SR) DynaCirc® (isradipine IR) Sular® (nisoldipine)
Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR) Calan SR® (verapamil SR) Cardizem® (diltiazem IR) Cardizem® CD (diltiazem) Cartia XT® (diltiazem ER) Dilt-XR® (diltiazem ER) Isoptin® SR (verapamil SR) Taztia XT ®(diltiazem ER)	Cardizem® LA (diltiazem) Cardizem® SR (diltiazem) Matzim LA® (diltiazem ER) Tiazac® (diltiazem) Verelan® (verapamil SR) Verelan PM® (verapamil)
COX-II Inhibitors	
Preferred	Non-Preferred
Celebrex® (celecoxib)	
DPP-4 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin) Janumet® (sotaliptin/metformin) Januvia® (sitagliptin) Kombiglyze® XR (saxagliptin/metformin) Onglyza® (saxagliptin)	Janumet® XR (sitagliptin/metformin XR) Jentadueto® (linagliptin/metformin) Jentadueto® XR (linagliptin/metformin XR) Kazano® (alogliptin/metformin) Nesina® (alogliptin) Oseni® (alogliptin/pioglitazone) Qtern® (dapagliflozin/saxagliptin) Tradjenta® (linagliptin)



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Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Procrit® (epoetin alfa)

Fibric Acid Derivatives

Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lopid® (gemfibrozil)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)

GLP- 1 RA (formerly Incretin Mimetics)

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Growth Hormones

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

Hepatitis C Agents – Direct Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Zepatier® (elbasvir/grazoprevir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simplicavir) in combination Technivie® (ombitasvir/paritaprevir/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Hepatitis C - Protease Inhibitors

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Preferred	Non-Preferred
Victrelis® (boceprevir)	

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine)	Axid® (nizatidine)
Zantac® (ranitidine)	Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

Homozygous Familial Hypercholesterolemia (HoFH) Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

Immunomodulation Agents - Adult Rheumatoid Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Actemra® (tocilizumab)
Humira® (adalimumab)	Cimzia® (certolizumab)
Xeljanz® (tofacitinib)	Kevzara® (sarilumab)
Xeljanz® XR (tofacitinib)	Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

Immunomodulation Agents - Ankylosing Spondylitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Cosentyx® (secukinumab)
Humira® (adalimumab)	Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Crohn's Disease

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Remicade® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Actemra® (tocilizumab) Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab)

Immunomodulation Agents - Psoriatic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab)

Immunomodulation Agents - Ulcerative Colitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Inflammatory Bowel Disease Agents - Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine)	Apriso® (mesalamine ER 24hr)
Delzicol® (mesalamine DR)	Asacol® HD (mesalamine DR)
Lialda® (mesalamine DR)	Colazal® (balsalazide disodium)
Pentasa® (mesalamine ER)	Dipentum® (olsalazine)
	Giazo® (balsalazide disodium)
	Uceris® (budesonide)

Insulin - Long-Acting

Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine)	Basaglar® (insulin glargine)
Lantus SoloStar® (insulin glargine)	Toujeo Solostar® (insulin glargine)
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Tresiba FlexTouch® (insulin degludec)

Insulin - Long-Acting/GLP-1 RA

Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

Insulin- Short Acting and Intermediate Acting

Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Humalog® (excluding multi-dose vials)
Humalog® Mix multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Humulin N® multi-dose vial	Humulin N® (excluding multi-dose vials)
Humulin R® multi-dose vial	Humulin R® (excluding multi-dose vials)
Humulin 70/30® multi-dose vial	Humulin 70/30® (excluding multi-dose vials)
Novolin N® multi-dose vial	Novolin N® (excluding multi-dose vials)
Novolin R® multi-dose vial	Novolin R® (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Novolin 70/30® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Velosulin BR® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	
Velosulin BR® multi-dose vial	

Lice Treatments

Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad)	Ovide® (malathion)
Sklice® (ivermectin)	

Meglitinides

Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)

Methotrexate - Injectable

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Muscle Relaxants - Skeletal	
Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) Skelaxin® (metaxalone) Soma® (carisoprodol)
Muscle Relaxants - Spasticity	
Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen) Zanaflex® Tablets (tizanidine)	Dantrium® (dantrolene) Zanaflex® Capsules (tizanidine)
Non-Steroidal Anti-Inflammatory Drugs - Oral <i>*Clinical prior authorization may apply*</i>	
Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen) Aleve® (naproxen) Ansaid® (flurbiprofen) Cataflam® (diclofenac potassium) Clinoril® (sulindac) EC-Naprosyn® (naproxen) Indocin® (indomethacin) Mobic® (meloxicam) Motrin® (ibuprofen) Motrin-IB® (ibuprofen) Naprosyn® (naproxen) Relafen® (nabumetone) Toradol® (ketorolac) (limited to a 5 day supply) Voltaren® (diclofenac sodium oral) Voltaren® XR (diclofenac sodium oral)	Anaprox® (naproxen) Anaprox DS® (naproxen) Arthrotec® (diclofenac/misoprostol) Cambia® (diclofenac) Daypro® (oxaprozin) Dolobid® (diflunisal) Feldene® (piroxicam) Indocin® SR (indomethacin) Lodine® (etodolac) Lodine® XL (etodolac) Meclofenemate® (meclofenamate) Nalfon® (fenoprofen) Naprelan® (naproxen) Naprelan® CR Dosepak (naproxen) Orudis® (ketoprofen) Orudis® KT (ketoprofen) Oruvail® (ketoprofen) Ponstel® (mefenamic acid) Tivorbex® (indomethacin) Tolectin 600® (tolmetin) Tolectin DS® (tolmetin) Vimovo® (naproxen/esomeprazole) Zipsor® (diclofenac) Zorvolex® (diclofenac)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Non-Steroidal Anti-Inflammatory Drugs - Topical	
Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)
Opioids - Long-Acting	
Preferred	Non-Preferred-Prior Authorization Required
Duragesic® (fentanyl)	Arymo™ ER (morphine sulfate ER)
Embeda® (morphine/naltrexone)	Avinza® (morphine sulfate ER)
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER)	ConZip® (tramadol)
	Exalgo® (hydromorphone HCl ER)
	Hysingla® ER (hydrocodone ER)
	Kadian® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER)
	Troxyca® ER (oxycodone/naltrexone)
	Vantrela® ER (hydrocodone ER)
	Xartemis® XR (oxycodone/acetaminophen ER)
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)
Pancreatic Enzyme Replacements	
Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)	Pertzye® (pancrelipase)
Pancreaze® (pancrelipase)	Viokace® (pancrelipase)
Zenpep® (pancrelipase)	
PCSK-9 Inhibitors	
<i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Repatha® (evolocumab)	Praluent® (alirocumab)
Phosphate Binder Agents	
Preferred	Non-Preferred, Prior Authorization Required
Eliphos® (calcium acetate)	Auryxia® (ferric citrate)
Phoslo® (calcium acetate)	Fosrenol® (lanthanum carbonate)
	Phoslyra® (calcium acetate oral solution)
	Renagel® (sevelamer HCl)
	Renvela® (sevelamer carbonate)
	Velphoro® (sucroferric oxyhydroxide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Brilinta® (ticagrelor) Effient® (prasugrel) Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors - Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole)	AcipHex® (rabeprazole)
Prilosec® (omeprazole)	AcipHex® Sprinkles™ (rabeprazole)
Protonix® (pantoprazole)	Dexilant® SoluTab (dexlansoprazole) Esomeprazole strontium® (esomeprazole strontium) Nexium® (esomeprazole) Nexium® Suspension (esomeprazole) Prevacid® (lansoprazole) Prevacid SoluTab® (lansoprazole) Prilosec® Packets (omeprazole)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostinil)	Adcirca® (tadalafil)
Revatio® (sildenafil)	Adempas® (riociguat)
Tracleer® (bosentan)	Letairis® (ambrisentan) Opsumit® (macitentan) Uptravi® (selexipag)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Farxiga® (dapagliflozin)
Invokana® (canagliflozin)	Invokamet® (canagliflozin/metformin) Invokamet® XR (canagliflozin/metformin ER) Jardiance® (empagliflozin) Qtern® (dapagliflozin/saxagliptin) Synjardy® (empagliflozin/metformin) Synjardy® XR (empagliflozin/metformin ER)

Sleep Agents - Non-Scheduled

Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)
Statins	
Preferred	Non-Preferred, Prior Authorization Required
Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Crestor® (rosuvastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)
Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide)	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin)
Testosterone Agents- Topical <i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Androderm® (testosterone) Androgel® (testosterone) Axiron® (testosterone)	Fortesta® (testosterone) Testim® (testosterone) Vogelxo® (testosterone)
Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Thrombopoietin Receptor Agonists (TPO)

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim)	Promacta® (eltrombopag)

Triptans

Preferred	Non-Preferred, Prior Authorization Required
Imitrex® (sumatriptan) tablets Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan)	Alsuma® (sumatriptan) Amerge® (naratriptan) Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Zecuity® (sumatriptan) Zembrace Symtouch® (sumatriptan) Zomig® (zolmitriptan) Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)



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INDEX

Acanya® (benzoyl peroxide-clindamycin) gel	4
AccuNeb® (albuterol).....	1
Accupril® (quinapril).....	3
Aceon® (perindopril)	3
Acetasol HC® (acetic acid/hydrocortisone).....	3
AcipHex® (rabeprazole).....	16
AcipHex® Sprinkles™ (rabeprazole)	16
Actemra® (tocilizumab).....	11, 12
Actonel® (risedronate).....	8
ACTOplus Met® XR (pioglitazone/metformin).....	17
ACTOplus Met® (pioglitazone/metformin)	17
Actos® (pioglitazone)	17
Acular LS® (ketorolac)	3
Acular® (ketorolac).....	3
Acuvail® (ketorolac)	3
Aczone® (dapsone) gel.....	4
Adalat CC® (nifedipine ER)	9
Adalat® (nifedipine IR)	9
Adcirca® (tadalafil)	16
Adderall XR® (dextroamphetamine/amphetamine ER).....	5
Adderall® (dextroamphetamine/amphetamine).....	5
Adempas® (riociguat).....	16
Adlyxin® (lixisenatide)	10
Adrenaclick® (epinephrine auto inject)	5
Advair Diskus® (fluticasone/salmeterol).....	1
Advair® HFA (fluticasone/salmeterol).....	1
Advil® (ibuprofen)	14
Adzenys XR-ODT™ (amphetamine ER).....	5
Aerospan® (flunisolide)	2
Aggrenox® (aspirin-dipyridamole ER)	16
Airduo™ Respiclick® (fluticasone/salmeterol)	1
Alaway® (ketotifen).....	2
Aleve® (naproxen).....	14
Allegra® (fexofenadine)	7
Allegra® ODT (fexofenadine).....	7
Allegra-D® (fexofenadine/pseudoephedrine).....	7
Allegra-D24® (fexofenadine/pseudoephedrine).....	7
Alocril® (nedocromil)	2
Alomide® (Iodoxamide).....	2
Alsuma® (sumatriptan)	18
Altace® (ramipril)	3
Altoprev® (lovastatin)	17
Alvesco® (ciclesonide).....	2



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Products listed in **RED** have changed from the previous month's publication.



Amaryl® (glimepiride)	17
Ambien® (zolpidem).....	17
Ambien® CR (zolpidem CR)	17
Amerge® (naratriptan).....	18
Amevive® (alefacept)	12
Amitiza® (lubiprostone)	6
Amoxapine	6
Amrix® (cyclobenzaprine ER)	14
Anafranil® (clomipramine)	6
Anaprox DS® (naproxen).....	14
Anaprox® (naproxen)	14
Androderm® (testosterone).....	17
Androgel® (testosterone).	17
Anoro Ellipta® (umeclidinium/vilanterol)	1
Ansaid® (flurbiprofen).....	14
Antara® (fenofibrate).....	10
Anzemet® (dolasetron)	6
Apriso® (mesalamine ER 24hr).....	13
Aptensio XR® (methylphenidate ER).....	5
Aranesp® (darbepoetin alfa)	10
Arcapta® (indacaterol)	1
Armonair™ RespiClick® (fluticasone)	2
Arnuity Ellipta® (fluticasone)	2
Arthrotec® (diclofenac/misoprostol)	14
Arymo™ ER (morphine sulfate ER).....	15
Asacol® HD (mesalamine DR).....	13
Asmanex® HFA (mometasone)	2
Asmanex® (mometasone)	2
Astelin® (azelastine).....	2
Astepro® (azelastine)	2
Atacand HCT® (candesartan/HCTZ)	7
Atacand® (candesartan).	7
Atelvia® (risedronate)	8
Atralin® (tretinoin) gel	4
Atrovent® HFA (ipratropium bromide)	1
Auryxia® (ferric citrate)	15
Avalide® (irbesartan/HCTZ).....	7
Avandamet® (rosiglitazone/metformin)	17
Avandia® (rosiglitazone)	17
Avapro® (irbesartan)	7
Avar LS® (sulfacetamide-sulfur) pads	4
Avar® (sulfacetamide-sulfur) pads	4
Avar-E Green® (sulfacetamide-sulfur) cream	4
Avar-E® Emollient (sulfacetamide-sulfur) cream	4



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Products listed in **RED** have changed from the previous month's publication.



Avinza® (morphine sulfate ER).....	15
Avita® (tretinoin) cream.....	4
Axert® (almotriptan)	18
Axicid® (nizatidine)	11
Axiron® (testosterone).....	17
Azelex® (azelaic acid) cream	4
Azopt® (brinzolamide)	3
Azor® (amlodipine/olmesartan).....	7
Azulfidine® (sulfasalazine)	13
Banzel® (rufinamide).....	5
Basaglar® (insulin glargine).....	13
Beconase AQ® (beclomethasone).....	2
Belbuca® (buprenorphine).....	15
Belsomra® (suvorexant).....	17
Benicar HCT® (olmesartan/HCTZ)	7
Benicar® (olmesartan).....	7
Benzaclin® (benzoyl peroxide-clindamycin) gel.....	4
Benzamycin® (benzoyl peroxide-erythromycin) gel	4
Bepreve® (bepotastine)	2
Betapace AF® (sotalol AF)	8
Betapace® (sotalol)	8
Bethkis® (tobramycin).....	2
Bevespi Aerosphere™ (glycopyrrolate/formoterol)	1
Binosto® (alendronate)	8
Blephamide S.O.P.® (sulfacetamide/prednisolone).....	3
Blephamide® (sulfacetamide/prednisolone)	3
Blocadren® (timolol)	8
Boniva® (ibandronate)	8
BP 10-1® (sulfacetamide/sulfur cleanser).....	4
Breo Ellipta® (fluticasone/vilanterol).....	1
Brilinta® (ticagrelor).....	16
Briviact® (brivaracetam)	5
Bromday® (bromfenac).....	3
BromSite® (bromfenac)	3
Brovana® (arformoterol).....	1
Butrans® (buprenorphine)	15
Bydureon® Pens and Vials (exenatide ER)	10
Byetta® (exenatide)	10
Bystolic® (nebivolol).....	8
Byvalson® (nebivolol/valsartan)	8
Caduet® (amlodipine/atorvastatin)	17
Calan SR® (verapamil SR)	9
Calan® (verapamil IR)	9
Cambia® (diclofenac)	14



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Products listed in **RED** have changed from the previous month's publication.



Capoten® (captopril)	3
Cardene® (nicardipine IR)	9
Cardene® SR (nicardipine SR).....	9
Cardizem® CD (diltiazem).....	9
Cardizem® LA (diltiazem)	9
Cardizem® SR (diltiazem)	9
Cardizem® (diltiazem IR)	9
Cartia XT® (diltiazem ER)	9
Cataflam® (diclofenac potassium)	14
Celebrex® (celecoxib).....	9
Celexa® (citalopram)	6
Celexa® solution (citalopram)	6
Cerisa® (sulfacetamide-sulfur) emulsion	4
Cesamet® (nabilone)	6
Cimzia® (certolizumab)	11, 12
Cipro® HC (ciprofloxacin/hydrocortisone)	3
Ciprodex® (ciprofloxacin/dexameth)	3
Clarinex® (desloratadine).....	7
Clarinet-D 12-hour® (desloratadine/pseudoephedrine)	7
Clarinet-D 24-hour® (desloratadine/pseudoephedrine)	7
Claritin 24-hr Allergy® (loratadine)	7
Claritin Hives Relief® (loratadine)	7
Claritin RediTabs® (loratadine)	7
Claritin® (loratadine)	7
Claritin® Syrup (loratadine).....	7
Cleocin-T® (clindamycin) gel	4
Cleocin-T® (clindamycin) lotion	4
Cleocin-T® (clindamycin) solution.....	4
Clindacin® ETZ (clindamycin) swab	4
Clindacin-P® (clindamycin) swab	4
Clindagel® (clindamycin) gel	4
Clinoril® (sulindac)	14
Colazal® (balsalazide disodium)	13
Colestid® Granules (colestipol)	8
Colestid® Tablets (colestipol).....	8
Concerta® (methylphenidate ER).....	5
ConZip® (tramadol)	15
Coreg® (carvedilol).....	8
Coreg CR® (carvedilol CR)	8
Corgard® (nadolol)	8
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	3
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	3
Cortisporin-TC® (neomy/colist/hc/thonz)	3
Corzide® (nadolol/bendroflumethiazide)	8



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Cosentyx® (secukinumab)	11, 12
Coumadin® (warfarin)	5
Cozaar® (losartan)	7
Creon® (pancrelipase)	15
Crestor® (rosuvastatin)	17
Cromolyn® (cromolyn)	2
Cymbalta® (duloxetine)	6
Daklinza® (daclatasvir)	10
Dantrium® (dantrolene)	14
Daypro® (oxaprozin)	14
Daytrana® (methylphenidate)	5
Delzicol® (mesalamine DR)	13
Desoxyn® (methamphetamine)	5
DetroI® (tolterodine)	9
DetroI® LA (tolterodine ER)	9
Dexedrine® ER capsules (dextroamphetamine ER)	5
Dexedrine® tablets (dextroamphetamine)	5
Dexilant® (dexlansoprazole)	16
Dexilant® SoluTab (dexlansoprazole)	16
Dextrostat® (dextroamphetamine)	5
Diabeta® (glyburide)	17
Differin® (adapalene) cream	4
Differin® (adapalene) gel	4
Dilt-XR® (diltiazem ER)	9
Diovan HCT® (valsartan/HCTZ)	7
Diovan® (valsartan)	7
Dipentum® (olsalazine)	13
Ditropan XL® (oxybutynin ER)	9
Ditropan® (oxybutynin)	9
Dolobid® (diflunisal)	14
Doxepin capsules and solution	6
Duac® (benzoyl peroxide-clindamycin) gel	4
Duetact® (pioglitazone/glimepiride)	17
Dulera® (formoterol/mometasone)	1
Duragesic® (fentanyl)	15
Dutoprol® (metoprolol/HCTZ)	8
Dyanavel® XR (amphetamine ER)	5
DynaCirc® (isradipine IR)	9
EC-Naprosyn® (naproxen)	14
Edarbi® (azilsartan medoxomil)	7
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	7
Edluar® (zolpidem)	17
Effexor XR® capsules (venlafaxine ER)	6
Effexor XR® tablets (venlafaxine ER)	6



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Effexor® (venlafaxine)	6
Effient® (prasugrel).....	16
Elavil® (amitriptyline).....	6
Elestat® (epinastine)	2
Eliphos® (calcium acetate)	15
Eliquis® (apixaban).....	5
Emadine® (emedastine).....	2
Embeda® (morphine/naltrexone)	15
Enablex® (darifenacin)	9
Enbrel® (etanercept).....	11, 12
Entresto® (sacubitril/valsartan)	7
Entyvio® (vedolizumab)	12
Epaned® (enalapril solution).....	3
Epclusa® (sofosbuvir/velpatasvir).....	10
Epiduo® Forte (adapalene/benzoyl peroxide)	4
Epiduo® (benzoyl peroxide-adapalene) gel	4
Epinephrine auto injectors.....	5
Epipen Jr® (epinephrine auto inject).....	5
Epipen® (epinephrine auto inject)	5
Epogen® (epoetin alfa).....	10
Ery® (erythromycin) pads.....	4
Erygel® (erythromycin) gel.....	4
Erythromycin solution.....	4
Esomeprazole strontium® (esomeprazole strontium).....	16
Evoclin® (clindamycin phosphate) foam.....	4
Exalgo® (hydromorphone HCl ER).....	15
Exforge® (amlodipine/valsartan)	7
Fabior® (tazarotene) foam.....	4
Famvir® (famciclovir)	7
Farxiga® (dapagliflozin)	16
Feldene® (piroxicam)	14
Fenofibrate generics	10
Fenoglide® (fenofibrate)	10
Fetzima® (levomilnacipran)	6
Fexmid® 7.5mg (cyclobenzaprine)	14
Flector® Patch (diclofenac epolamine)	15
Flexeril® (cyclobenzaprine)	14
Flonase® (fluticasone)	2
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Focalin® XR (dexmethylphenidate ER)	5
Focalin® (dexmethylphenidate)	5
Fortamet® (metformin ER)	8
Fortesta® (testosterone)	17



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Fosamax Plus D® (alendronate/cholecalciferol)	8
Fosamax® (alendronate)	8
Fosrenol® (lanthanum carbonate)	15
Frova® (frovatriptan).....	18
Fycompa® (perampanel).....	5
Gabitril® (tiagabine)	5
Gelnique® Gel (oxybutynin)	9
Genotropin® (somatropin).....	10
Genotropin® MiniQuick (somatropin)	10
Giazo® (balsalazide disodium)	13
Glucophage® (metformin)	8
Glucophage® XR (metformin ER)	8
Glucotrol XL® (glipizide XL)	17
Glucotrol® (glipizide).....	17
Glucovance® (glyburide/metformin)	17
Glumetza® (metformin ER)	8
Glynase PresTab® (micronized glyburide)	17
Glyset® (miglitol).....	5
Glyxambi® (empagliflozin/linagliptin).....	9, 16
Granisol® (gransetron)	6
Harvoni® (ledipasvir/sofosbuvir)	10
Hetlioz® (tasimelteon)	16
Humalog® (excluding multi-dose vials).....	13
Humalog® Mix (excluding multi-dose vials).....	13
Humalog® Mix multi-dose vial	13
Humalog® multi-dose vial	13
Humatrope® (somatropin).....	10
Humira® (adalimumab).....	11, 12
Humulin 70/30® (excluding multi-dose vials).....	13
Humulin 70/30® multi-dose vial	13
Humulin N® (excluding multi-dose vials)	13
Humulin N® multi-dose vial	13
Humulin R® (excluding multi-dose vials).....	13
Humulin R® multi-dose vial.....	13
Hysingla® ER (hydrocodone ER).....	15
Hyzaar® (losartan/HCTZ).....	7
Ilevro® (nepafenac)	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	18
Imitrex® (sumatriptan) tablets.....	18
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	8
Inderal® LA (propranolol XL)	8
Indocin® (indomethacin).....	14
Indocin® SR (indomethacin).....	14



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InnoPran® XL (propranolol XL)	8
Intermezzo® (zolpidem)	17
Invokamet® XR (canagliflozin/metformin ER)	16
Invokamet® (canagliflozin/metformin)	16
Invokana® (canagliflozin)	16
Isoptin® SR (verapamil SR)	9
Janumet® XR (sitagliptin/metformin XR)	9
Janumet® (sotaliptin/metformin)	9
Januvia® (sitagliptin)	9
Jardiance® (empagliflozin)	16
Jentadueto® XR (linagliptin/metformin XR)	9
Jentadueto® (linagliptin/metformin)	9
Juxtapid® (lomitapide mesylate)	11
Kadian® (morphine sulfate ER)	15
Kazano® (alogliptin/metformin)	9
Keppra® (levetiracetam)	5
Keppra XR® (levetiracetam XR)	5
Kerlone® (betaxolol)	8
Kevzara® (sarilumab)	11
Kineret® (anakinra)	11
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion	4
Kombiglyze® XR (saxagliptin/metformin)	9
Kynamro® (mipomersen)	11
Kytril® (gransetron)	6
Labetalol (labetalol)	8
Lantus SoloStar® (insulin glargine)	13
Lantus® (insulin glargine)	13
Lastacraft® (alcaftadine)	2
Lescol® XL (fluvastatin)	17
Lescol® (fluvastatin)	17
Letairis® (ambrisentan)	16
Levatol® (penbutolol)	8
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	13
Lexapro® (escitalopram)	6
Lexapro® solution (escitalopram)	6
Lialda® (mesalamine DR)	13
Lioresal® (baclofen)	14
Lipitor® (atorvastatin)	17
Lipofen® (fenofibrate)	10
Livalo® (pitavastatin)	17
Lodine® (etodolac)	14
Lodine® XL (etodolac)	14
Lofibra® (fenofibrate)	10



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Lopid® (gemfibrozil)	10
Lopressor HCT® (metoprolol/HCTZ)	8
Lopressor® (metoprolol tartrate)	8
Lorzone® (chlorzoxazone)	14
Lotensin® (benazepril)	3
Lotrel® (benazepril/amlodipine)	4
Lovaza® (omega-3 acid ethyl esters)	11
Lumigan® (bimatoprost)	3
Lunesta® (eszopiclone)	17
Luvox® (fluvoxamine)	6
Lyrica® (pregabalin)	5
Marinol® (dronabinol)	6
Matzim LA® (diltiazem ER)	9
Mavik® (trandolapril)	3
Maxair® (pirbuterol)	1
Maxalt® (rizatriptan)	18
Maxalt-MLT® (rizatriptan)	18
Maxitrol® (neomycin/polymyxin/dexamethasone)	3
Meclomen® (meclofenamate)	14
Metadata CD® (methylphenidate 30/70)	5
Metadata® ER (methylphenidate ER)	5
Metaglip® (glipizide/metformin)	17
Metaxall® (metaxalone)	14
Methylin Chewable® (methylphenidate)	5
Methylin Solution® (methylphenidate)	5
Mevacor® (lovastatin)	17
Micardis HCT® (telmisartan/HCTZ)	7
Micardis® (telmisartan)	7
Micronase® (glyburide)	17
Mobic® (meloxicam)	14
Monopril® (fosinopril)	3
Motrin® (ibuprofen)	14
Motrin-IB® (ibuprofen)	14
Movantik® (naloxegol)	6
MS Contin® (morphine sulfate ER)	15
Myrbetriq® (mirabegron)	9
Nalfon® (fenoprofen)	14
Naprelan® (naproxen)	14
Naprelan® CR Dosepak (naproxen)	14
Naprosyn® (naproxen)	14
Nasacort AQ® (triamcinolone)	2
Nasarel® (flunisolide)	2
Nasonex® (mometasone)	2
Natroba® (spinosad)	13



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Nesina® (alogliptin)	9
Neuac® (clindamycin/benzoyl peroxide)	4
Neurontin® (gabapentin)	5
Nevanac® (nepafenac)	3
Nexium® Suspension (esomeprazole).....	16
Nexium® (esomeprazole).....	16
Norditropin® FlexPro (somatropin)	10
Norflex® (orphenadrine)	14
Norgesic® (orphenadrine/aspirin/caffeine)	14
Norgesic® Forte (orphenadrine/aspirin/caffeine)	14
Norpramin® (desipramine)	6
Norvasc® (amlodipine).....	9
Novolin 70/30® (excluding multi-dose vials)	13
Novolin 70/30® multi-dose vial.....	13
Novolin N® (excluding multi-dose vials)	13
Novolin N® multi-dose vial.....	13
Novolin R® (excluding multi-dose vials).....	13
Novolin R® multi-dose vial	13
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	13
NovoLog® multi-dose vial, PenFill, & FlexPen.....	13
Nplate® (romiplostim).....	18
Nucynta® ER (tapentadol).....	15
Nutropin AQ NuSpin® (somatropin)	10
Nutropin® AQ (somatropin)	10
Ocufen®(flurbiprofen).....	3
Omnaris® (ciclesonide)	2
Omnitrope® (somatropin).....	10
Onexton® (benzoyl peroxide-clindamycin) gel	4
Onfi® (clobazam).....	5
Onglyza® (saxagliptin)	9
Onzetra Xsail® (sumatriptan)	18
Opana® ER (oxymorphone).....	15
Opsumit® (macitentan)	16
Optivar® (azelastine).....	2
Orencia® (abatacept)	11, 12
Orenitram® (treprostинil)	16
Orudis® (ketoprofen)	14
Orudis® KT (ketoprofen)	14
Oruvail® (ketoprofen)	14
Oseni® (alogliptin/pioglitazone)	9
Otezla® (apremilast).....	12
Otovel® (ciprofloxacin/fluocinolone).....	3
Otrexup® (methotrexate)	13
Ovide® (malathion)	13



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Oxtellar® XR (oxcarbazepine).....	5
OxyContin® (oxycodone SR).....	15
Oxytrol® Patch (oxybutynin)	9
Pamelor® (nortriptyline)	6
Pamelor® solution (nortriptyline)	6
Pancreaze® (pancrelipase)	15
Parafon Forte DSC® (chlorzoxazone)	14
Pataday® (olopatadine).....	2
Patanase® (olopatadine).....	2
Patanol® (olopatadine)	2
Paxil ® solution (paroxetine)	6
Paxil CR® (paroxetine ER).....	6
Paxil® (paroxetine)	6
Pazeo® (olopatadine).....	2
Pennsaid® (diclofenac).....	15
Pentasa® (mesalamine ER).....	13
Pepcid® (famotidine) oral suspension	11
Pepcid® (famotidine)	11
Perforomist® (formoterol)	1
Pertzye ® (pancrelipase)	15
Pexeva® (paroxetine)	6
Phoslo® (calcium acetate).....	15
Phoslyra® (calcium acetate oral solution).....	15
Plavix® (clopidogrel).....	16
Plendil® (felodipine).....	9
Ponstel® (mefenamic acid)	14
Potiga® (ezogabine)	5
Pradaxa® (dabigatran).....	5
Praluent® (alirocumab)	15
Prandin® (repaglinide)	13
Pravachol® (pravastatin)	17
Precose® (acarbose).....	5
Pred-G S.O.P.® (prednisolone/Gentamicin).....	3
Pred-G® (prednisolone/gentamicin).....	3
Prevacid SoluTab® (lansoprazole).....	16
Prevacid® (lansoprazole).....	16
Prevalite® Powder (cholestyramine light)	8
Prevalite® Powder Packs (cholestyramine light)	8
Prilosec® (omeprazole)	16
Prilosec® Packets (omeprazole)	16
Prinivil® (lisinopril)	3
Pristiq® (desvenlafaxine).....	6
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol)	1



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Procardia® XL (nifedipine ER).....	9
Procentra® (dextroamphetamine).....	5
Procrit® (epoetin alfa).....	10
Prolensa® (bromfenac)	3
Promacta® (eltrombopag)	18
Protonix® (pantoprazole).....	16
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac® capsules (fluoxetine)	6
Prozac® solution (fluoxetine)	6
Prozac® tablets (fluoxetine)	6
Pulmicort Flexhaler™ (budesonide).....	2
Pulmicort Respules® (budesonide) *> 7 years of age.....	2
Pulmicort Respules® (budesonide) *≤ 6 years of age only	2
Qbrelis® (lisinopril solution).....	3
Qnasl® (beclomethasone).....	2
Qtern® (dapagliflozin/saxagliptin)	9, 16
Questran Light® (cholestyramine light)	8
Questran® (cholestyramine)	8
Quillichew ER™ (methylphenidate ER)	5
Quillivant XR® (methylphenidate ER).....	5
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate).....	13
Refresh® (ketotifen).....	2
Relafen® (nabumetone).....	14
Relistor® (methylnaltrexone) (tablets and injection)	6
Relpax® (eletriptan)	18
Remicade® (infliximab)	11, 12
Renagel® (sevelamer HCl)	15
Renvela® (sevelamer carbonate)	15
Repatha® (evolocumab).....	15
Retin-A® (tretinoin) cream.....	4
Retin-A® Micro (tretinoin) gel.....	4
Revatio® (sildenafil)	16
Rhinocort AQ® (budesonide)	2
Riomet® (metformin oral solution).....	8
Ritalin LA® (methylphenidate 50/50).....	5
Ritalin SR® (methylphenidate ER)	5
Ritalin® (methylphenidate)	5
Rituxan® (rituximab)	11
Robaxin® (methocarbamol)	14
Robaxin-750® (methocarbamol).....	14
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion.....	4
Rosula® (sulfacetamide-sulfur) pads	4



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Rozerem® (ramelteon).....	16
Ryzolt® (tramadol ER)	15
Saizen® (somatropin)	10
Sanctura® XR (trospium ER).....	9
Sanctura® (trospium)	9
Sancuso® (granisetron)	6
Savaysa® (edoxaban)	5
Savella® (milnacipran).....	6
Sectral® (acebutolol).....	8
Serevent® Diskus® (salmeterol)	1
Silenor® (doxepin).....	16
Siliq® (brodalumab).....	12
Simbrinza® (brinzolamide/brimonidine tartrate)	3
Simponi Aria® (golimumab)	11
Simponi® (golimumab).....	11, 12
Sitavig® (acyclovir)	7
Skelaxin® (metaxalone).....	14
Sklice® (ivermectin).....	13
Soliqua® (insulin glargine/lixisenatide)	13
Soma® (carisoprodol).....	14
Sonata® (zaleplon)	17
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	10
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium).....	1
Spritam® (levetiracetam)	5
Sprix® Nasal Spray (ketorolac tromethamine).....	15
SSS 10-5® (sulfacetamide-sulfur) cream	4
Starlix® (nateglinide)	13
Stelara® (ustekinumab).....	12
Stelara® (ustekinumab).....	12
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striverdi® Respimat® (olodaterol).....	1
Sular® (nisoldipine)	9
Sulfacetamide suspension	4
Sulfacetamide-Sulfur lotion	4
Sumadan® (sulfacetamide-sulfur) kit.....	4
Sumadan® Wash (sulfacetamide-sulfur cleanser)	4
Sumavel DosePro® (sumatriptan)	18
Sumaxin® TS (sulfacetamide-sulfur) suspension	4
Sumaxin® (sulfacetamide-sulfur) pads	4
Sumaxin® Wash (sulfacetamide-sulfur) liquid	4
Surmontil® (trimipramine).....	6
Symbicort® (budesonide/formoterol)	1
Symproic® (naldemedine)	6



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Syndros® (dronabinol)	6
Synjardy® XR (empagliflozin/metformin ER)	16
Synjardy® (empagliflozin/metformin).....	16
Tagamet® (cimetidine).....	11
Taltz® (ixekizumab)	12
Tanzeum® (albiglutide)	10
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream.....	4
Tazorac® (tazarotene) gel	4
Taztia XT ®(diltiazem ER).....	9
Technivie® (ombitasvir/paritaprev/ritonavir).....	10
Tenormin® (atenolol)	8
Testim® (testosterone)	17
Teveten® (eprosartan)	7
Tiazac® (diltiazem)	9
Tivorbex® (indomethacin).....	14
Tobi® Podhaler™ (tobramycin)	2
Tobi® (tobramycin)	2
TobraDex® ST (tobramycin/dexamethasone).....	3
TobraDex® (tobramycin/dexamethasone)	3
Tofranil - PM® (imipramine)	6
Tofranil® (imipramine)	6
Tolectin 600® (tolmetin)	14
Tolectin DS® (tolmetin)	14
Toprol-XL® (metoprolol succinate)	8
Toradol®(ketorolac) (limited to a 5 day supply)	14
Toujeo Solostar® (insulin glargine)	13
Toviaz® (fesoterodine)	9
Tracleer® (bosentan).....	16
Tradjenta® (linagliptin)	9
Travatan Z® (travoprost)	3
Tresiba FlexTouch® (insulin degludec)	13
Tribenzor® (olmesartan/amlodipine/HCTZ)	7
Tricor® (fenofibrate)	10
Triglide® (fenofibrate).....	10
Trilipix® (fenofibric acid)	10
Troxyc® ER (oxycodone/naltrexone)	15
Trulicity® (dulaglutide).....	10
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	7
Tysabri® (natalizumab).....	12
Uceris® (budesonide)	13
Uloric® (febuxostat)	18



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Ultram® ER (tramadol ER)	15
Univasc® (moexipril)	3
Uptravi® (selexipag)	16
Urispas® (flavoxate)	9
Utibron™ Neohaler® (indacaterol/glycopyrrolate).....	1
Valtrex® (valacyclovir).....	7
Vantrela® ER (hydrocodone ER)	15
Vascepa® (icosapent ethyl)	11
Vasotec® (enalapril)	3
Velosulin BR® (excluding multi-dose vials)	13
Velosulin BR® multi-dose vial.....	13
Velphoro® (sucroferric oxyhydroxide)	15
Veltin® (clindamycin-tretinoin).....	4
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Veramyst® (fluticasone).....	2
Verelan PM® (verapamil)	9
Verelan® (verapamil SR).....	9
Vesicare® (solifenacain)	9
Victoza® (liraglutide)	10
Victrelis® (boceprevir).....	11
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir).....	10
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	10
Vimovo®(naproxen/esomeprazole)	14
Viokace® (pancrelipase)	15
Visken® (pindolol)	8
Vivactil® (protriptyline)	6
Vogelxo® (testosterone)	17
Voltaren® Gel (diclofenac)	15
Voltaren® Ophthalmic (diclofenac).....	3
Voltaren® XR (diclofenac sodium oral)	14
Voltaren®(diclofenac sodium oral)	14
Vytorin® (ezetimibe/simvastatin)	17
Vyvanse® (lisdexamfetamine).....	5
Welchol® Powder (colesevelam)	8
Welchol® Tablets (colesevelam)	8
Xalatan ® (latanoprost)	3
Xarelto® (rivaroxaban)	5
Xartemis® XR (oxycodone/acetaminophen ER)	15
Xeljanz® XR (tofacitinib)	11
Xeljanz® (tofacitinib)	11
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1
Xtampza® ER (oxycodone ER)	15



PREFERRED DRUG LIST

When a generic product is available, for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is obtained.
Products listed in **RED** have changed from the previous month's publication.



Xultophy® (insulin degludec/liraglutide)	13
Xyzal® (levocetirizine)	7
Zaditor® (ketotifen).....	2
Zanaflex® Capsules (tizanidine)	14
Zanaflex® Tablets (tizanidine).....	14
Zantac® (ranitidine).....	11
Zebeta® (bisoprolol).....	8
Zecuity® (sumatriptan).....	18
Zembrace Symtouch® (sumatriptan)	18
Zenpep® (pancrelipase)	15
Zenzedi® (dextroamphetamine)	5
Zepatier® (elbasvir/grazoprevir)	10
Zestril® (lisinopril)	3
Zetonna® (ciclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	8
Ziana® (clindamycin-tretinoin).....	4
Zioptan® (tafluprost).....	3
Zipsor® (diclofenac).....	14
Zocor® (simvastatin)	17
Zofran ODT® (ondansetron).....	6
Zofran® (ondansetron).....	6
Zohydro® ER (hydrocodone ER)	15
Zoloft® (sertraline)	6
Zoloft® solution (sertraline)	6
Zolpidem generics.....	17
Zolpimist® (zolpidem)	17
Zomacton® (somatropin)	10
Zomig® (zolmitriptan)	18
Zomig-ZMT® (zolmitriptan)	18
Zonegran® (zonisamide)	5
Zontivity® (vorapaxar).....	16
Zorvolex® (diclofenac).....	14
Zovirax® (acyclovir) (oral dosage forms only).....	7
Zuplenz® (ondansetron).....	6
Zyloprim® (allopurinol)	18
Zyrtec® (cetirizine)	7
Zyrtec® Syrup (cetirizine)	7